

FORMAL COMPLAINT FORM

Attach extra pages as necessary.

BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI

Thomas Minihan
(Your name here)

Complainant,

v.

Ameren

(Utility's name here)

Respondent,

File No.

(PSC fills this in)

FORMAL COMPLAINT

1. Complainant resides at:

(Address of complainant)

(City)

(State)

(Zip Code)

2. The utility service complained of was received at:

a. Complainant's address listed in paragraph 1.

b. A different address:

(Address where service is provided, if different from Complainant's address)

(City)

(State)

(Zip Code)

3. Respondent's address is:

(Address of complainant)

(City)

(State)

(Zip Code)

4. Respondent is a public utility under the jurisdiction of the Missouri Public Service Commission.

5. The amount at issue is: \$

(If your complaint is about money state how much is in dispute here.)

6. Complainant now requests the following relief:

(Explain what you want the Commission to do: the specific results you are seeking in this complaint.)

I would ask the PSC to make Ameren pay the cost of replacing 5 GFI plugs at my house after their equipment failed to protect my house. They wrote to me and admitted they had a distribution fail causing an electrical fault that destroyed 5 GFI plugs.

7. The relief requested is appropriate because Respondent has violated a statute, tariff, or Commission regulation or order, as follows:

(Explain why the Commission should grant the relief you seek: the facts that constitute a violation of a statute, tariff, or Commission regulation or order.)

I request \$

This includes \$ for instalation and \$150 for the claims process.

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8. The Complainant has taken the following steps to present this matter to the Respondent:

(Please describe in detail what steps you have already taken to resolve this complaint.)

| |
|---|
| I wrote and asked for a form to apply for reimbursement. I then asked for them to reconsider the denial. I spoke with a PSC staff member. I am now asking for a formal complaint hearing. |
| |
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| |
| |

2024
May 30, 2024
Date

Complainant's Phone Number

Alternate Contact Number

Thomas Minihan
Signature of Complainant

Thomas Minihan
Complainant's Printed Full Name

Attach additional pages, as necessary. Attach copies of any supporting documentation. Do not send originals of any supporting documentation.



Thomas Minihan <[REDACTED]>


Claim # [REDACTED]

Thomas Minihan <[REDACTED]>
To: ameren.claims@bwood.com

Mon, Mar 25, 2024 at 3:37 PM

Attached is my claim for damaged equipment at my house.

Thank You
Thomas Minihan
[REDACTED]

 2024 03 25 UE Claim.pdf
2233K



Dear Sir or Madam:

Enclosed please find an Ameren Claim Form, Ameren Claim Policy and a portion of the General Terms and Conditions of Service, if applicable.

Please read the enclosed information carefully. If you would like to file a claim with Ameren Illinois or Ameren Missouri, please complete the enclosed claim form and return it to our third-party Administrator, Brentwood Services Administrators, Inc., along with any other repair estimates and/or receipts pertaining to this claim. As a precautionary measure, please inform your insurance company of this incident in the event that no liability is found on the part of your service provider.

Should you have any questions concerning the above, please contact Brentwood Services Administrators, Inc. at (800) 781-2075 or (314) 554-3382.

Thank You.



Claim Policy



- Ameren Illinois and Ameren Missouri are each self-insured companies and each able to process claims arising from the operations of its business. These Ameren subsidiaries use a third-party administrator, Brentwood Services Administrators, Inc. (BSAI), to assist in this process.
- If claims are presented which relate to Contractor activities, they will be referred to the Contractor for processing. The Contractor is responsible for its own operations and carries mandatory liability insurance.
- Claims must be presented on forms prescribed by the Company. Incomplete information will delay processing.
- The Company will not reimburse for losses sustained by its customers due to service interruptions induced by wind, ice, lighting, floods, and other major weather phenomena.
- Claims for damages arising from interruption or irregularities in gas or electric service are considered under the terms and conditions of the Schedules for Electric/Gas Service which are on file with, and approved by, the Illinois Commerce Commission or the Missouri Public Service Commission. Copies of pertinent portions of the Schedules are attached for your information and review.
- The Company does not engage in the repair of property of others damaged due to its operations. It is not the policy of the Company to recommend contractors or repair agencies. Such repairs may be performed by contractors or agents of the customer's choice.
- The Company may inspect or appraise damaged property for determining the fair and reasonable value thereof. Waiver of inspection does not constitute agreement as to the fair and reasonable value of the damaged property.
- Spoiled food should not be held for inspection but should be inventoried and disposed of according to good sanitary practice.
- Claims are required to furnish all bills, estimates, and photographs as supporting proof of damages and losses alleged. A final decision will not be rendered until such bills, estimates, and photographs have been received by the Company. Requests for such proof shall not be considered an indication that the Company is considering honoring a claim.
- Every person sustaining damage to property is under the common law duty to limit those damages and minimize losses. Consequential damages arising from a customer's failure to make repairs and minimize losses will not be considered for reimbursement.
- Customers are cautioned not to withhold payments of their gas or electric bills pending decision of claims for damages against the Company. This practice may lead to a deterioration of the customer's credit rating and could ultimately result in collection action including the discontinuance of service. Such withholding will not have any effect on the disposition of claims.
- In cases where the Company acknowledges responsibility, it is the policy of the Company to make payments to the properly identified owners of the damaged property as loss payees. Payments will not be made to other agents engaged in the inspection or repair of the claimant's damaged property. Depending upon special circumstances, the Company will sometimes pay contractors directly. Proof of home ownership or financial responsibility is required for any honored claim.



Claim Statement



(Office Use)

PLEASE READ CAREFULLY THE ATTACHED POLICY STATEMENT BEFORE COMPLETING THIS CLAIM FORM.

Name: Thomas Minihan Owner ☒ Tenant ☐

Mr: ☒ Mrs: ☐ Ms: ☐ Spouse/Co-Owner: ☐

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Home Phone: [REDACTED] Work Phone: [REDACTED]

Account Number: [REDACTED]

Mailing address if other than above: [REDACTED]

Place of Incident: [REDACTED]

Date of Loss: March 7, 2024 Time of Loss: Afternoon

Loss is related to: ☐ Electric Operations ☐ Gas Operations

☐ Ameren Illinois ☒ Ameren Missouri

Describe the events causing the damage, include names of any Ameren employees and/or contractors involved.

It must have been a power surge because
after the electricity came back on I had
5 GFI Plugs that would not reset.

OVER

Did you contact Ameren (prior to contacting the Claims Department) regarding the problem which resulted in your loss? ☒ Yes ☐ No

If yes, list date of call and identify with whom you spoke, if known.

I called on Monday the 11th and they transferred
me to a third party - Molly at Brentwood Services 800-781-2025

List items damaged. Include make, model and date of purchase. Attach paid bills or estimates for repairs.

5 GFI plugs - 3-18-24 - 15A-GFI's
1 WEMO plug - Fixed

Total amount of claim: \$ _____

Does this constitute the entire claim resulting from this incident? ☒ Yes ☐ No

Was anyone injured? ☐ Yes ☒ No

If yes, provide names and describe injuries. _____

Have you made a claim for this loss against your insurance carrier or others? ☐ Yes ☒ No

If Yes, _____ Insurance Carrier _____ Other (explain) _____

(Name of Insurance Company)

(Address)

(Phone No.)

NOTE: PAID BILLS, ESTIMATES AND PHOTOGRAPHS MUST BE ATTACHED AND WILL NOT BE RETURNED.

The Claimant(s) acknowledge that they have read this Claim Form carefully, that they are the Owners of the damaged property, and the information provided is true and correct. It is understood that the request for this information is not an indication that the Company is honoring the claim.

Return to:

Brentwood Services Administrators, Inc.
PO Box 4605
Chesterfield, MO 63006

Thomas M. A.
March 25, 24 AD
Signature
Date

M.O.P.S.C. SCHEDULE NO. 6

Original

SHEET NO. 105

CANCELLING M.O.P.S.C. SCHEDULE NO. _____

SHEET NO. _____

APPLYING TO MISSOURI SERVICE AREAGENERAL RULES AND REGULATIONSI. GENERAL PROVISIONS (Cont'd.)I. OBJECTIONABLE CUSTOMER LOAD CHARACTERISTICS

All equipment installed by customer shall have operating characteristics which enable Company to maintain a satisfactory standard of service to both the customer being served and all other customers in the immediate area. In cases of high motor starting current, customer loads resulting in harmonic distortions or significant loads with wide and/or frequent fluctuations, etc., customer shall install, on its side of Company's meter, all corrective equipment necessary to enable Company to maintain the integrity of its electric distribution system. For all customers not voluntarily complying with this requirement, Company, where practical, may install corrective equipment on its side of the meter and charge customer a lump sum amount for the current cost of such equipment and the cost of any subsequent additions to or replacement of such equipment, whenever said future installations occur. Failure of customer to install such corrective equipment or to pay for that installed by Company currently, or in the future, shall be grounds for the disconnection of electric service.

J. CONTINUITY OF SERVICE

Company will make all reasonable efforts to provide the service requested on an adequate and continuous basis, but will not be liable for service interruptions, deficiencies or imperfections which result from conditions which are beyond the reasonable control of the Company. The Company cannot guarantee the service as to continuity, freedom from voltage and frequency variations, reversal of phase rotation or singlephasing. The Company will not be responsible or liable for damages to customer's apparatus resulting from failure or imperfection of service beyond the reasonable control of the Company. In cases where such failure or imperfection of service might damage customer's apparatus, customer should install suitable protective equipment.

K. REGULATORY AUTHORITIES

The tariff (i.e., rates, riders, rules and regulations) contained herein has been filed with and approved by the Missouri Public Service Commission and are subject to modification to conform with any revision filed by the Company and approved by the Commission. Where specific situations are not addressed by Company's rates, riders, or rules and regulations, the applicable Commission rules set forth in 4CSR, Sections 240-2 through 240-23 shall apply. Company may make written application to the Commission to seek the approval of a waiver of any specified portion of these filed tariffs for good cause shown.

DATE OF ISSUE May 31, 2013DATE EFFECTIVE June 30, 2013ISSUED BY Warner L. Baxter
NAME OF OFFICERPresident & CEO
TITLESt. Louis, Missouri
ADDRESS

mylowe's Rewards



LEARN MORE AT LOWES.COM/MYLOWESREWARDS

LOVE'S HOME CENTERS, LLC

- SALE -

SALES#: S1077YBN 4857335 TRANS#: 8909D7839 03-18-24

5195443 ETH ST OFCI 15A 125V WH
2 8
5195442 ETH ST OFCI 15A 125V W3P1

SUBTOTAL:
TOTAL TAX:
INVOICE 88280 TOTAL:
ANEX:
MERCH/GIFT CARD:

ANEX: XXXXXXXXXXXX2002 AMOUNT: AUTHCD:
CHIP REFID 03/18/24 14:11:50
TVR : 0000000000
TSI : E800 AID : R000000025010801

UNKNOWN MERCH/GIFT CARD 6093 AUTHCODE 000000
BEGIN BAL TRANSACTION AMT ENDING BAL

STORE: TERMINAL: 19 03/18/24 14:12:09

OF ITEMS PURCHASED: 3
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOVE'S.
FOR DETAILS ON OUR RETURN POLICY, VISIT
LOWES.COM/RETURNS
A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE
AT OUR CUSTOMER SERVICE DESK

MYLOWE'S REWARDS CREDIT CARDHOLDERS GET MORE.
FOR DETAILS VISIT LOWES.COM/MYLOWESREWARDS

* SHARE YOUR FEEDBACK! *
* ENTER FOR A CHANCE TO BE *
* ONE OF FIVE \$500 WINNERS DRAWN MONTHLY! *
* ENTRE EN EL SORTEO MENSUAL *
* PARA SER UNO DE LOS CINCO GANADORES DE \$500! *



- CLAIMS & INJURY MANAGEMENT
- LOSS PREVENTION SERVICES
- PROGRAM MANAGEMENT

Ameren Dedicated

April 1, 2024

Thomas Minihan
[REDACTED]

RE: Our Client: Ameren
Claim #: [REDACTED]
Date of Loss: 03/07/2024

Dear Sir/Madam:

As you are aware, Brentwood Services Administrators, Inc. is the third-party administrator that provides claims management on behalf of Ameren.

After reviewing the circumstances surrounding this claim, we find the problem you experienced was due to an equipment failure. In this case, a distribution switch failed, which in turn, affected your service, along with 1,244 customers.

Due to the very nature of the equipment used by our client and all other electric companies, it is impossible for them to guarantee that no part of it will ever fail. Such failures and imperfections occur from time to time, but they are not the result of any fault or lack of care; to the contrary, failures occur even though due care is exercised.

We regret any inconvenience and pecuniary loss you may have suffered. However, we find no fault on the part of Ameren and must respectfully deny your claim.

Sincerely,

Brentwood Services Administrators, Inc.
Kalie Ellis
Claims Adjuster



Thomas Minihan <[REDACTED]>

Claim # [REDACTED]

Thomas Minihan <[REDACTED]>

Tue, Apr 23, 2024 at 11:58 AM

To: [REDACTED] <[REDACTED]>

Dear Kalie Ellis (Claims Adjuster)

In response to your April 1st letter denying my claim for damages, I would like you to reconsider your decision.

My claim # [REDACTED] was denied by you even though, "a distribution switch failed".

I have contacted the PSC (#CI202401128) to express my dismay at your attempt to deny culpability.

I look forward to your response to my request.

Thomas Minihan

cc: Alan Bax

[Quoted text hidden]



Thomas Minihan <[REDACTED]>

Claim # [REDACTED]

Thomas Minihan <[REDACTED]>

Tue, May 21, 2024 at 10:47 AM

To: [REDACTED], [REDACTED] <[REDACTED]>

Dear Kalie Ellis (Claims Adjuster)

I have been waiting for almost a month without a response from you regarding my claim.

Is this an indication of your indignation?

Thomas Minihan

[REDACTED]

cc Alan Bax PSC

[Quoted text hidden]



Thomas Minihan <[REDACTED]>

Ameren Claim # [REDACTED]

Kalie Ellis <[REDACTED]>

Wed, May 22, 2024 at 11:57 AM

To: "[REDACTED]" <[REDACTED]>
Cc: "[REDACTED]" <[REDACTED]>

Good afternoon,

At this time, our position in this matter remains the same. We apologize for any inconvenience or loss this has caused you, but we are unable to consider your claim for compensation.

Thank you in advance for your cooperation,

Kalie Ellis

Claims Adjuster

Brentwood Services Administrators, Inc.

P.O. Box 4605

Chesterfield, MO 63006-4605

Phone: [REDACTED]

Fax: (615) 823-4693



From: Thomas Minihan [REDACTED]
Sent: Tuesday, May 21, 2024 10:47 AM
To: BRS-Ameren Claims ameren.claims@bwood.com; [REDACTED]
Subject: Re: Claim # [REDACTED]

You don't often get email from [REDACTED].

Dear Kalie Ellis (Claims Adjuster)

I have been waiting for almost a month without a response from you regarding my claim.

Is this an indication of your indignation?

5/31/24, 1:07 PM

Gmail - Ameren Claim # [REDACTED]

Thomas Minihan

[REDACTED]
cc Alan Bax PSC